

# Daskalos Fashions

Please print and fax back to 925-736-2285

## Special Purchase/Gift Card CREDIT CARD AUTHORIZATION

To (Name): \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Message on card, if any: \_\_\_\_\_

\_\_\_\_\_

I authorize charges incurred at Daskalos Fashions, to be applied to the following credit card at the time of signing.

Type	Number	Expiration Date
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Additionally, please find a photocopy of the front and back of the above mentioned card.

Cardholder Name, please print	Cardholder Signature
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\_\_\_\_\_  
Your contact phone number

\_\_\_\_\_  
Your e-Mail address

Please mail Gift Certificate to:

Additional Details or instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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